ſ	,	Α	1	1	E	•	١	į	Γ	¢	١		•	F	•	l		l	C		۵		F	1	(į	ı	N	l	1	F			:	•				0	į	Ē		1		Ė		Ī	1	İ	İ	ı	İ	į	į	١		C)	ı	ı	į	ij		E	(Ì	ı	1	ı	0)	
																						H	ŧ	į	C	ĺ	ĺ	۷		Đ		(3)	C		ļ	٥	Ì	b			1		1			1	2	C	Ì	0	(3																		
												(;	ı		į	١	1	١	A	•	Ş		/	١	•	;		Į	•	į	l		ſ		Į	D)		•		F	•	4	ļ	ı	1	Ì	ľ	1	ŀ																				ε	

Application or Docket Number

10808665

	aims as	FILED (Colum		*. * . * . * . * . * . * . * . * . * .	ma 2)		MALLE YPE (YTITA	OR		THAN ENTITY
TOTAL CLAIMS		Y.				ſ	RATE	FEE]	RATE	FEE
FOR		NUMBE	RFILED	NUMO	ER EXTRA		Basic Fe	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE	CLAIMS	US m	inus 20=	• 2	5		X\$ 9•		OR	X\$18=	450
INDEPENDENT CLAIMS	\$	6	ninus 3 ±		3		X43=		OR	X86=	158
MULTIPLE DEPENDEN	T CLABM PF	RESENT			0	Í	+145=			+290=	
* If the difference in co	olumn 1 is	ess than a	tero, enter	-0" in c	olumn 2	l	TOTAL		OR	TOTAL	11.70
CLAI	MS AS A	MENDE	D-PAR	T 11			,0,7,		J	OTHER	THAN
(0	otumn 1) CLAMS		(Cotur	กก 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
F 111000 PE	MAINING AFTER ENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL VEEE		RATE	ADDI- TIONAL VEEE
Total .	45_	Minus	-4	ς:	. \		X\$ 9=		OR	X\$18=	
FIRST PRESENTAT	ON OF M	Minus	ANA DEMDENIT	0			X43=		OR	X86=	
Trans, ricocitini		, stir CE U	- CINDERA				+145=		OR	+290=	
במ/בואי						L	YOTAL DOT, FEE		OR	TOTAL ADOIT, FEE	
	olumn 1)		(Colur		(Column 3)						
e Ri	MAINING AFTER ENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total 4	26	Minus	•• 4	<u> </u>	• /	11	X\$ 9=		øA	X\$18=	
Independent • FIRST PRESENTAL	ION OF U	Minus	PENDENT	Q	• /	! [X43±		ОВ	X88≖	
		, sur us VI	- CHUCK!	~.m		J	+145= *	/	OR.	+290=	
						L	TOTAL ODIT. FEE		OR	YOTAL ADDIT: FEE	
POGE OF TRANSPORTATION HAVE	olumn 1) Claims		(Colum	EST	(Column 3)	1 r		ADDI-			ADDI-
MA EN	MAINING AFTER ENDMENT		PRÉVIÇ PAID	DUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
Total		Minus					X\$ 9=		OR	X\$18=	
Total • Independent •	rost or	Minus	•••				X43*		OR	X86=	
FIRST PRESENTAL	IUN OF ML	ILTIPLE DE	PENDENT	CLAIM		! †	+145=			+290=	
* If the entry in column 1 i " If the "Highest Number i	reviously Pa	d For IN Th	OS SPACE IS	less that	720, enter 20.	L	TOTAL DIT FEE		OR	TOTAL DDIT. FEE	
The 'Highest Number P								ropriale box			